## COUNTRY ACCOUNTABILITY FRAMEWORK

### PROGRESS SUMMARY

| Breakdown of catalytic funding by priority area (US$ and % of budget) |
|---|---|---|---|---|---|---|---|
| CRVS | MDSR | Monitoring Results | E-health Innovation | Resource Tracking | Reviews | Advocacy | Total distributed |
| 62,500 (25%) | 50,000 (20%) | 50,000 (20%) | 17,500 (7%) | 25,000 (10%) | 20,000 (8%) | 20,000 (8%) | 250,000 |

### CONTINUED EFFORTS REQUIRED

#### Available core 11 indicators monitored
- An analysis was developed of the flow of information within the NHIS, including:
  - A manual on best practices for the production of health statistics;
  - A proposal for results-based management (short- and long-term), including methodologies and tools to improve the analysis, monitoring and reporting of strategic indicators and health equity.
- NHIS tools were updated, including data collection forms, consolidation sheets and the Basic Information Module (MiB).
  - 345 people from 105 health care networks and secondary-level hospitals nationwide were trained.
  - The specific IT tools for this update (SOAPS, SICE, NHIS and MiB) are being developed.

### ACHIEVED OR ON TRACK

#### Civil registration, vital statistics (CRVS) assessment completed, plan developed
- A CRVS comprehensive assessment was conducted in December 2013.
- The National Committee on Vital Acts was reactivated, comprising the Personal Identification Services, the Civil Registry, the National Institute of Statistics, the Bolivian Police and the Departmental Health Services.
- Nine departmental committees on vital acts were established.
- Nine sentinel centres were established for monitoring maternal morbidity and neonatal mortality at the national level (nine departments, in both urban and rural areas); these have been strengthened through training and equipment for the use of vital act software.
- National statistical staff have been trained in the use of computer tools on vital acts.

#### Maternal death surveillance and response (MDSR) system in place
- Regulations have been updated to support the process of maternal, neonatal and child mortality surveillance:
  - National Standards for the Maternal Mortality Monitoring System;
  - Development of an operational manual for the Perinatal Information System;
  - Development of a pocket guide for the management, care and referral of major obstetric morbidities;
  - Protocol for the implementation of “Code Red”, and traditional midwives have been trained to recognize danger signs for mothers and infants.
- Strategies were developed to strengthen maternal death surveillance at the community level.

#### Country reporting on health expenditure by financing source
- There is commitment to adopt the System of Health Accounts (SHA) 2011 methodology and use health accounts for the development of national policies.
- Tools were designed to adapt the SHA 2011 methodology (classifiers) to the Bolivian context.
- The Framework for Institutionalization of Health Accounts 2014-2018 has been validated and approved, including data collection forms on health spending and the 2014 Workplan on Inter-Institutional Health Accounts Committee.
- Updating the National Health Information System (NHIS) has begun, to meet future challenges regarding databases on health spending.
- Efforts have been initiated to institutionalize a technical team in health economics within the Directorate General of Planning.

#### National health sector review
- The process for performance evaluation of health personnel was documented.
- An analysis of the health system performance evaluation process was completed.
- Improvements for staff appraisal in the public system were proposed.
<table>
<thead>
<tr>
<th>WORK NOT PRIORITIZED / NOT BEGUN</th>
<th>Political leaders engaged in RMNCH</th>
<th>✓ A National Safe Motherhood Forum was organized to share and coordinate proposed actions and activities at national and regional levels.</th>
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<tr>
<td></td>
<td>National eHealth strategy</td>
<td>✓ Information has been systematized (30 urban and rural health facilities in 20 municipalities) for the development of national legislation on Information and Communication Technology (ICT) in health. Design and strategy development are planned for 2014.</td>
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<td>IHP+ compact or equivalent partnership agreement</td>
<td>✓ Leadership for the institutionalization and sustainability of the process is provided by the MOH through the Directorate General of Planning, Roadmap Monitoring Committees, and Inter-Institutional Health Accounts Committee. ✓ There is active participation of the MOH Directorates-General and Units in planning, implementation and monitoring.</td>
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### Future needs

1. Continued support for strengthening CRVS and epidemiological surveillance.
2. Support for the implementation of the process of health accounts.
3. Support for coordination with key stakeholders, including Parliamentarians and community leaders, to strengthen the accountability process.

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